Exhibit 1

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA

CHARLESTON DIVISION

MDL No. 2327
In Re Ethicon Inc., Pelvic Repair System Products Liability Litigation

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In completing this Plaintiff Profile Form, you are under oath and must provide information that is true and correct to the best of your knowledge. The Plaintiff Profile Form shall be completed in accordance with the requirements and guidelines set forth in the applicable Case Management Order.

I. CASE INFORMATION

Caption: _____ **Date:** _____

Docket No.: _____

Plaintiff's attorney and Contact information:

_____

_____

_____

_____

II. PLAINTIFF INFORMATION

Name: _____

Spouse: _____ **Loss of Consortium?** ☐**Yes** ☐ **No**

Address: _____

Date of birth: _____

Social Security No.: _____

III. DEVICE INFORMATION[1]

Date of implant: _____

Reason for Implantation: _____

Brand Name: _____ **Mfg.** _____

[1] Note: In lieu of device information, operating records may be submitted as long as all requested information is legible on the face of the record.

Lot Number:

Implanting Surgeon: _____

Medical Facility: _____

Date of implant: _____

Reason for Implantation: _____

Brand Name: _____ **Mfg.** _____

Implanting Surgeon: _____

Medical Facility: _____

• ***Attach medical evidence of product identification.***

IV. REMOVAL/REVISION SURGERY INFORMATION

Date of surgery(s): _____

Type of surgery(s): _____

Explanting surgeon: _____

Medical Facility: _____

Reason for Explant:

Date of surgery(s): _____

Type of surgery(s): _____

Explanting surgeon: _____

Medical Facility: _____

Reason for Explant:

V. OUTCOME ATTRIBUTED TO DEVICE

☐ **Pain**	☐ **Fistulae**
☐ **Erosion**	☐ **Recurrence**
☐ **Extrusion**	☐ **Bleeding**
☐ **Infection**	☐ **Dyspareunia**
☐ **Urinary Problems**	☐ **Neuromuscular problems**
☐ **Bowel Problems**	☐ **Vaginal Scarring**

☐ **Organ Perforation**	☐ **Other**

VI. PAST HISTORY

Number of Pregnancies: **Number of Live Births:**

Date of Hysterectomy(ies) and Name of Hospital Where Performed:

Prior to the First Implant, Have You Ever Had:

Lupus
Diabetes
Auto Immune Disorder
Endometriosis
Pelvic Pain Syndrome or Disorder
Fibroids
Adhesive Disease

Are you claiming damages for lost wages: [ ] Yes [ ] No

If so, for what time period:

Have you ever filed for bankruptcy: [ ] Yes [ ] No

If so, when?

Do you have a computer: [ ] Yes [ ] No

If so, are you a member of Facebook, LinkedIn or other social media websites: [ ] Yes [ ] No

Which ones:

VII. LIST OF ALL TREATING PHYSICIANS FOR THE PERIOD OF 10 YEARS PRIOR TO THE FIRST MESH IMPLANT, INCLUDING ALL PRIMARY CARE PHYSICIANS, OB-GYNS, UROLOGISTS, ENDOCRINOLOGISTS, RHEUMATOLOGISTS, PSYCHIATRISTS, PSYCHOLOGISTS, OR ANY OTHER SPECIALISTS

Primary Care Physicians:

Name:

Address:

Approximate Period of Treatment:

Name: _____

Address: _____

Approximate Period of Treatment: _____

OB-GYNs:

Name: _____

Address: _____

Approximate Period of Treatment: _____

Name: _____

Address: _____

Approximate Period of Treatment: _____

Urologists:

Name: _____

Address: _____

Approximate Period of Treatment: _____

Name: _____

Address: _____

Approximate Period of Treatment: _____

Psychiatrists/Psychologists (Answer only if making a claim for emotional/psychological Injury beyond usual pain and suffering):

Name: _____

Address: _____

Approximate Period of Treatment: _____

Name:

Address:

Approximate Period of Treatment:

Attach additional pages as needed to identify other health care providers you have seen.

AUTHORIZATIONS

Provide ONE (1) SIGNED ORIGINAL copy of each of the records authorization forms attached as Ex. A. These authorization forms will authorize the records vendor selected by the parties to obtain those records identified in the authorizations from the providers identified within this Plaintiff Profile Form.

VERIFICATION

I, _____, declare under penalty of perjury subject to all applicable laws, that I have carefully reviewed the final copy of this Plaintiff Profile Form dated _____ and verified that all of the information provided is true and correct to the best of my knowledge, information and belief.

_____
Signature of Plaintiff